

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N42672 (8)
1. Corporation Name
SOUTHCHASE PARCEL 45 COMMUNITY ASSOCIATION, INC.



Principal Place of Business: **2180 WEST SR 434 SUITE 5000 LONGWOOD FL 32779-5044 US**
Mailing Address: **2180 WEST SR 434 SUITE 5000 LONGWOOD FL 32779-5044 US**

3. Date Incorporated or Qualified: **03/25/1991**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business
21 [21] Suite, Apt. #, etc.
22 [22] City & State
23 [23] Zip Country
24 [24] 25 [25] 29 [29] 30 [30]

4. FEI Number: **59-3068780**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**HART, JAMES W. JR.
SENTRY MANAGEMENT INC
2180 WEST SR 434, SUITE 5000
LONGWOOD FL 32779**

10. Name and Address of New Registered Agent
81 [81] Name
82 [82] Street Address (P.O. Box Number is Not Acceptable)
83 [83]
84 [84] City FL [85] Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	BUSHEY, DARLENE
STREET ADDRESS	11774 SIR WINSTON WAY
CITY-ST-ZIP	ORLANDO FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	PEREZ, LOU
STREET ADDRESS	11681 SIR WINSTON WAY
CITY-ST-ZIP	ORLANDO FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	AYER, LISA
STREET ADDRESS	762 WECHSLER CIRCLE
CITY-ST-ZIP	ORLANDO FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	THOMPSON, BOB
STREET ADDRESS	11700 KENNINGTON COURT
CITY-ST-ZIP	ORLANDO FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D J.R. FINNEGAN
5.3 STREET ADDRESS	116 WHITE MARSH CIRCLE
5.4 CITY-ST-ZIP	ORLANDO, FL 32824
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13. If changed, or on an attachment with an address.

SIGNATURE: *Darlene Bushey*
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR: **DARLENE BUSHEY**
Date: **3/25/96**
Daytime Phone #: **407/846-6323**

CR2E037 (12/95)